Colorado Hospital Index Measure – Hospital Transformation Program

Milestone Reporting

November 25, 2020

CHASE
Colorado Healthcare Affordability and
Sustainability Enterprise

I. PY2: Q2: Impact Milestone: Current Quality Improvement Capacity in Key Functional Areas

The Department can use these questions as milestones before issuing Hospital Index performance data. These questions investigate a hospital's current capacity to run effective QI initiatives through the lens of applicable functional areas and help uncover gaps that could deter from success in the HTP's continuous improvement phase. The impact milestone should address all functional areas (if one or more functional areas are not applicable to the intervention, the hospital should demonstrate that). The achievement of the Impact Milestone will be dependent on the milestone's activities being successfully completed. The achievement of the final Impact Milestone will indicate the conclusion of the Planning and Implementation phase for that intervention and all future milestones should be designated as Continuous Improvement phase milestones.

Functional Areas to address:

- ✓ People: workforce development; identification key project personnel
- ✓ Process: shifts in clinical and quality processes;
- ✓ Technology: updating, acquisition or repurposing underlying electronic health data storage; data use; data exchange
- ✓ Patient Engagement: identification of patients that fall within target populations;

Hospitals will be required to have an impact milestone no later than PY2Q2 and continuous improvement milestones beginning no later than PY2 Q4

A. People – Required to demonstrate impact milestone

Governance Structure – required

Please describe the quality improvement governance structure at your hospital and include an organizational chart where appropriate. Include roles including departmental or unit-based leadership positions, data analysts and executive leadership positions related to quality improvement.

Staff Engagement – Required, below is a suggested approach to response

1. How does your hospital engage interdisciplinary teams in quality improvement efforts?
2. Does your hospital offer protected time to quality leadership or frontline staff to engage in quality improvement initiatives?
3. How does the hospital engage quality leaders in institutional quality initiatives?

4. How do quality leaders engage frontline staff in quality improvement initiatives?

5. How does your hospital disseminate performance data related to quality initiatives to staff in both quality leadership positions and frontline positions? (ie. accessible dashboards, report distribution, presentations at regularly scheduled series or huddles, public postings in patient accessible areas, etc).

Professional Development – Required, below is a suggested approach to response

How does your hospital teach quality improvement skills and rapid cycle improvement techniques (i.e. Six Sigma Lean, PDSA, Model for Improvement, etc.) to staff across all levels?

B. PROCESS - Required to demonstrate impact milestone

Readiness - Required

Hospital Index measure requires the HTP team to coordinate with teams from different departments to maintain or improve performance in the top five highest weighted episode groups. How will your hospital leverage your current quality structure to monitor hospital index performance and implement quality improvement initiatives to meet your performance target? What gaps exist in your current quality structure that you will need to address successfully run a continuous quality improvement effort for this measure?

C. Technology - Required to demonstrate impact milestone

Analytics – Required

1. Please describe the staff available to analyze and report hospital level quality data and from what sources this team can obtain relevant data (i.e. EHR, claims engine, etc.).

2. Is the analytics team centralized? Does this team primarily focus on hospital level measures? Are additional analysts available to assist local quality initiatives?

3. The following procedure codes in the chart below are used to calculate performance in the Hospital Index measure. After consulting with your

analytics team, what is the feasibility of monitoring the frequency of these procedures in a recurring report by service area?

Episode Description	Episode Type
Bariatric Surgery	Procedural
Breast Biopsy	Procedural
C-Section	Procedural
CABG &/or Valve Procedures	Procedural
Cataract Surgery	Procedural
Colonoscopy	Procedural
Colorectal Resection	Procedural
Coronary Angioplasty	Procedural
Gall Bladder Surgery	Procedural
Hip Replacement / Revision	Procedural
Hysterectomy	Procedural
Knee Arthroscopy	Procedural
Knee Replacement / Revision	Procedural
Lumbar Laminectomy	Procedural
Lumbar Spine Fusion	Procedural
Lung Resection	Procedural
Mastectomy	Procedural
Pacemaker / Defibrillator	Procedural
Prostatectomy	Procedural
Shoulder Replacement	Procedural
Tonsillectomy	Procedural
Transurethral Resection Prostate	Procedural
Upper GI Endoscopy	Procedural
Vaginal Delivery	Procedural

D. Patient Engagement - Required to demonstrate impact milestone

1. While not directly measured in the course of your effort to improve your hospital index performance, begin to consider how your effort to monitor PAC could impact patient experience, delivery of care, outcomes or satisfaction.

2. Describe how the hospital will utilize its Hospital Index dashboard and information to monitor PAC performance and equity for patients by reviewing disaggregated data by race, ethnicity, language, gender, etc., and how that could impact how the hospital approaches patient experience, delivery of care, outcomes, or satisfaction.

II.   Continuous Learning and Improvement

After the State reports performance on the Hospital Index measure, these questions guide a hospital through key assessments and planning steps to begin their continuous improvement process. Hospitals should also describe their plan to implement continuous improvement strategies to improve or maintain their Index performance. (We should explore providing numerous resources to help hospitals complete these steps including: stakeholder mapping worksheets, Aim statement guides, PDSA planning sheet, current state assessment tools, recommended proxy measures for each procedure code; model for improvement questions, etc.)

A. PY2: Q4: Current State Assessment of Top 5 Episodes Driving the Hospital Index Score

Component of Q4 milestone each PY beginning with PY2 - Required

In the chart below, list the top 5 episodes with the greatest weighted impact on your Hospital Index score and indicate what type of action is needed to achieve the state set benchmark (ie. Maintain performance or improve)?

	Top 5 Episodes	Maintain or Improve Performance?
1		
2		
3		
4		
5		

For each episode, please answer the following questions (Required):

1. Number of clients associated with specified episode:
2. Top 2 categories of service for each episode:
3. Consider factors such as the procedure code or DRG, provider type, service location, and specific rendering/attending providers that drive high/low PAC in this episode to answer the following questions:

   - What is driving PAC?
   - What is contributing to low PAC?
   - Are there any themes/trends in services used more/less within an episode type that are associated with high/low PAC?
   - Provide demographic stratifications associated with this episode including: age, race, gender, and county.

B. Stakeholder Assessment

*PY2: Q4 minimum: First continuous learning and improvement milestone -
Required*

Below is a suggested approach:

For each episode, please answer the following questions to identify and assess
stakeholders that you must engage to implement a quality improvement
initiative.

1. Please describe the stakeholders that must be engaged to implement a
   quality improvement initiative to improve this episode's PAC.
2. Based on your current perception, are the stakeholders impacted by the
   project in agreement that improvement is needed?
3. Based on your current perception, please rate the collective
   commitment to this project regarding the stakeholders involved.
4. Based on your current perception, please assess the local environment's
   readiness for change.

C. PY2: Q4: Continuous Improvement Intervention Planning and Reporting
Required

Please describe the approach to the quality initiative(s) required to improve
your index score. Describe what continuous learning and improvement
model(s)/strategies you will be implementing (rapid cycle improvement, etc.) –
Required – below are suggested ways to approach this:

1. Describe your next intervention indicating how long each test cycle will
   last and how many tests you hope to complete during the next reporting
   cycle.
2. Please comment on the scope of your intervention with the following
   considerations:

   - Where will the intervention take place?
   - What population will it focus on?
   - What is the size of the population it will affect?
   - Can you ensure the first test of your intervention has a minimized
     scope?

3. What will you measure to know that you have successfully implemented the intervention for your initial rapid cycle test of change?
4. What will you measure to know if your intervention led to an improvement? (ie. describe a proxy measure to assess progress towards the state set benchmark).
5. Describe the data collection and reporting method for each intervention's process and proxy outcome measures.
6. Describe your process for reviewing and disseminating the results of your first test of change. How you will engage the necessary stakeholders and then plan to either abandon, alter or implement at a larger scale?

The Department can use these milestone reporting questions repeatedly once hospitals begin the continuous improvement process. The goal is to understand whether hospitals have maintained their original improvement strategy or adopted a new one.

A. PY3: Q2: Continuous Improvement Intervention Reporting

Component of each milestone each PY beginning with PY3 - Required

1. Describe your next intervention cycle and what you plan to complete during the next reporting cycle.
2. Please describe your current continuous quality improvement strategy to improve or maintain the top 5 episodes impacting your Hospital Index Score.
3. Please describe how you plan to either continue with the current strategy or adapt it to achieve the desired outcome in your Hospital Index Score.
4. What and How do you plan to report out to key stakeholders regarding what was learned during the next cycle?

Appendix A:

Phase	Q	PY2	PY3	PY4	PY5
Planning and Implementation Phase Milestones		Impact Milestone:	N/A	N/A	N/A
Continuous Improvement Phase Milestones	Q2	N/A	Milestone Description: Data Refresh Continuous Improvement Activities, Impact and Reporting	Milestone Description: Data Refresh Continuous Improvement Activities, Impact and Reporting	Milestone Description: Data Refresh Continuous Improvement Activities, Impact and Reporting
	Q4	Milestone Description: Data Refresh Stakeholder Assessment Continuous Improvement Intervention Planning	Milestone Description: Data Refresh Continuous Improvement Activities, Impact and Reporting	Milestone Description: Data Refresh Continuous Improvement Activities, Impact and Reporting	Milestone Description: Data Refresh Continuous Improvement Activities, Impact and Reporting